Traffic Crash Report	Local Report Number *	Crash Severity Hit/Skip
Local Information	1/14-1312-51	Crash Severity 1 - Fatal 2 - Injury 3 - PD0 1 - Solved 2 - Unsolven
Photos Taken OH-2 OH-1P OH-3 Other OH-3 Other OH-3 Other	J P.D	Number of Unit in error 98 - Animal On 199 - Unknown
County * Vallage * City, Village, Township * BIS Township * LEBANON	Crash Date *	Time of Crash Day of Week
Degrees / Minutes / Seconds Latitude O / // O / //	Decimal Degrees Latitude	Longitude
Roadway Division Divided Lane Direction of Travel Number of Thrust ages 10 post 7.	<u> 3191,4151729161</u> es or Milepost ²	8H1RP3562
Undivided S - Southbound W - Westbound BL - Alley AV - Avenue BL - Bouley	CR - Circle HE - Heights MP - Milepost e CT - Court HW - Highway PK - Parkway	PL Place ST Street WA Way RD Road TE Terrace SQ Square TL Trail
Location Route Number Route Type 1 Location Route Number E,W E,W Location Road Name E,W Cocation Road Name E,W Cocation Road Name	Location Road Type 2 Route Types 1 IR - Interstate Roit US - US Route SR - State Route	
Feet E,W F Route Type 1 E,W E,W	Reference Name (Road, Milepost, House #) Report ADWAY	Reference Road Type ²
Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number 1 - Intersection 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 11 - Ra 12 - Sh 99 - Un 07 - On Ramp 99 - Un 08 - Off Ramp 99 - Un 09 - Crossover 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access	nared-Use Paths or Trails	ation of First Harmful Event 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside
Road Contour 1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level Road Conditions Primary Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, Gravel 09 - Rut, H 10 - Other 07 - Stush 99 - Unknow 08 - Debris*	
Two Motor Vehicles 3 - Head-On 6 - Angle Direction In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown	2 - Cloudy 5 - Sleet, Hail 8	* Secondary Condition Only - Severe Crosswinds - Blowing Sand, Soil, Dirt, Snow - Other/Unknown
	5 - Dark - Roadway Not Lighted 9 - Unl 6 - Dark - Unknown Roadway Lighting 7 - Glare* Roadway 8 - Other * Secondary Condity	Zone Ves, School Bus Directly Involved Related Ves, School Bus
Work Zone Related Law Enforcement Present (Officer/Vehicle) Law Enforcement Present (Officer/Vehicle Only) Type of Work Zone 1 - Lane Closure 4 - Intermittent 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median	Location of Crash in Work Zone	Zone Warning Sign 4 - Activity Area
Narrative UNIT OZ AND UNIT OZ INFRE FACING	Diagram	Write an "N" on the compass diagram to indicate the direction
STOPPED FOR AN APPROALMING AMBULANCE	1	indicate the direction of north.
WITH ITS LIGHTS AND SIRENS ACTIVATED.	01	1
THE AMBRIANCE WAS EASTBOUND ON	02	1(07(07)
MILLER ROAD APPRIACHING N. BENDOWAYST.		-
UNIT OF WAS TRAVELING WESTROMO		-
ON MILLER RD. AND FAILED TO MAINTAIN		MILLER RD.
ASSURED (LEAR DISTANCE AMEAD, UNITE)		-
WHILE ATTEMPTING TO DIFFUE BETWEEN		4
THEM.	A Bases	3,141155
Report Taken By Supplement (Correction or Addition to an Existing Report Sent to ODPS) Beginning Technologies	N. ESTORAL	oway Sr.
Date Crash Reported Time Crash Reported Dispatch Time Arrival Time LONT 2014 LONT 2014 Time Crash Reported Dispatch Time Arrival Time	Other Ir	vestigation Time Total Minutes
Officer's Name * Officer's Ba	adge Number Checked By	<u> 13101 11/01/01</u>
HSY7001 0H1 Rev 01/13 [760-0820]	1 C/m/31	Page of

Unit		Local Report N	Number			
EDUCATION - SERVICE - PROTECTION			13,25			
1) I I I I I I I I I I I I I I I I I I I	Owner's hone wante	per - inc. area code (Same As Driver	Damayeu Area			
Owner Address: City, State, Zip (Same As Driver)	THIEFN, P.					
LP State License Plate Number	1 - None 09 03					
WH ADG 7906	Vehicle Identification Number	# 0ccupant	s 2 - Minor 08 10 10 04			
Vehicle Year Vehicle Make	Vehicle Model	Vehicle Color	3 - Functional			
Proof of Insurance Company	Policy Number	TAUPE TAUPE	4 - Disabling 07 06 05			
Carrier Name, Address, City, State, Zip	8554-06-710065-05A		9 - Unknown Rear			
US DOT			Carrier Phone- include area code			
vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs	1 1 1 1 1 00 0 01 1-	09 - Pole Trafficway Descr				
HM Placard ID No. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.	03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle	11 - Flat Bed 2 - Two-V	Vay, Not Divided Vay, Not Divided, Continuous Left Turn Lane Vay, Divided, Unprotected(Painted or Grass > 4 Ft.) Median			
HM Class Hazardous Material Released	05 - Logging 06 - Intermodal Container Chassis	13 - Concrete Mixer 14 - Auto Transporter 5 - One-V	Vay, Divided, Positive Median Barrier Vay Trafficway			
Non-Motorist Location Prior to Impact Type of Use	OP Comba Obico O	15 - Garbage/Refuse 99 - Other/Unknown	it			
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other	Passenger Vehicles (less than 9 passenger 01 - Sub-Compact	rs) Med/Heavy Trucks or Combo Units > 13 - Single Unit Truck or Van 2axle	, and a second of the second o			
04 - Midblock - Marked Crosswalk 1 - Personal 05 - Travel Lane - Other Location 2 - Commercial	02 - Compact 99 - Unknown 03 - Mid Size or Hit / Skip 04 - Full Size	14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer	21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist			
06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk	05 - Minivan 06 - Sport Utility Vehicle	16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double	23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey			
09 - Median/Crossing Island 10 - Driveway Access	07 - Pickup 08 - Van 09 - Motorcycle	19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist			
11 - Shared-Use Path or Trail Response 12 - Non-Trafficway Area 99 - Other/Unknown	10 - Motorized Bicycle 11 - Snowmobile/ATV	☐ Has HM Placard				
Special Function 01 - None 09 - Ambulance 02 - Taxi 10 - Fire	12 - Other Passenger Vehicle 17 - Farm Vehicle Most Damage	ed Area	Action			
03 - Rental Truck (Over 10k Lbs) 11 - Highway/Ma 04 - Bus - School (Public or Private) 12 - Military	18 - Farm Equipment intenance 19 - Motorhome 20 - Golf Cart Impact Area	01 - None	99 - Unknown 3 - Non-Contact 2 - Non-Collision 3 - Striking			
06 - Bus - Charter 14 - Public Utility 07 - Bus - Shuttle 15 - Other Govern	22 - Other (Explain in Narrative)	04 - Right Side 11 - Undercarria 05 - Right Rear 12 - Load/Trailer 06 - Rear Center 13 - Total(All Area	ge 4 - Struck 5 - Striking/Struck			
O8 - Bus - Other 16 - Construction Pre-Crash Actions		07 - Left Rear 14 - Other	s) 9 - Unknown			
Motorist 01 - Straight Ahead 07 - Making U-Tur 02 - Backing 08 - Entering Traff	n 13 - Negotiating a Curve 15	n-Motorist - Entering or Crossing Specified Location	21 - Other Non-Motorist Action			
99 - Unknown 03 - Changing Lanes 09 - Leaving Traffi 04 - Overtaking/Passing 10 - Parked	C Lane 17	- Walking, Running, Jogging, Playing, Cy - Working - Pushing Vehicle	cling			
05 - Making Right Turn 11 - Slowing or Sto 06 - Making Left Turn 12 - Driverless Contributing Circumstances	17	- Approaching or Leaving Vehicle - Standing				
Primary Motorist	Non-Mo	otorist	Vehicle Defects 01 - Turn Signals			
02 - Failure to Yield 12 - Imp 03 - Ran Red Light 13 - Sto		mproper Crossing	02 - Head Lamps 03 - Tail Lamps			
Secondary 04 - Ran Stop Sign 14 - Ope 05 - Exceeded Speed Limit 15 - Swe	rating Vehicle in Negligent Manner 25 - L rving to Avoid (Due to External Conditions) 26 - Fo	ying and/or Illegally in Roadway ailure to Yield Right of Way	04 - Brakes 05 - Steering 06 - Tire Blowout			
07 - Improper Turn 17 - Fail 08 - Left of Center 18 - Visi	ure to Control 28 - Ir on Obstruction 29 - F:	ot Visible (Dark Clothing) nattentive	07 - Worn or Slick tires 08 - Trailer Equipment Defective			
99 - Unknown 09 - Followed Too Closely/ACDA 19 - Operating Defective Equipment 27 - Followed Too Closely/ACDA 19 - Operating Defective Equipment 35 - Visignals/Officer 10 - Disabled From Prior Accident 10 - Disabled From Prior Accident 11 - Other Defects						
Sequence of Events Non-Collision Events						
20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	02 - Fire/Explosion	(Blown Tire, Brake Failure, etc) 11 - Cro	ss Median ss Center Line			
Harmful Harmful 99 - Unknown	04 - Jackknife 08	- Ran Off Road Right 12 - Dow	osite Direction of Travel vnhill Runaway er Non-Collision			
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 21 - Parked Motor Vehicle		3 - Median Cable Barrier 41 - 0	ther Post, Pole 48 - Tree			
15 - Pedalcycle 22 - Work Zone Maintenance 16 - Railway Vehicle (Train,Engine) 23 - Struck by Falling, Shift	ing Cargo 28 - Bridge Pier or Abutment 35		r Support 49 - Fire Hydrant ulvert 50 - Work Zone Maintenance			
18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable Object	30 - Guardrail Face 38	7 - Traffic Sign Post 44 - D 3 - Overhead Sign Post 45 - F	itch 51 - Wall, Building, Tunnel mbankment 52 - Other Fixed Object			
20 - Motor Vehicle in Transport Unit Speed Posted Speed Traffic Control	20 0	7 - Light/Luminaries Support 46 - F O - Utility Pole 47 - M	ence			
01 - No Controls 02 - Stop Sign	07 - Railroad Crossbucks 13 - Crosswall 08 - Railroad Flashers 14 - Walk/Dor		1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest			
□ Stated 03 - Yield Sign □ Stated 04 - Traffic Signa □ Estimated 05 - Traffic Flashe	09 - Railroad Gates 15 - Other 10 - Construction Barricade 16 - Not Repo ers 11 - Person (Flagger, Officer)	1 121 141	2 - South 6 - Northwest 3 - East 7 - Southeast 4 - West 8 - Southwest			
06 - School Zone HSY8304 0H1U [760-0820] 2/]3	12 - Pavement Markings		Page of			

OF POST	Unit				Local Report N	lumber	
Unit Number	Owner Name I				1/141-	3251	11111
10121	Owner Name: Last, First, Middle (")	Owner Phone Number	- inc. area code (Same As Driver	Damage Scale	Damaged Area Front
Owner Address: (City, State, Zip (Same As Driver)		<u></u>			- [2]	02
LP State Lice	ense Plate Number	Vehicle Identification Number	· · · · · · · · · · · · · · · · · · ·			1 - None	"
DAI	F124755	ISIAITWIAITII	CBHISIG	115908	# Occupants	2 - Minor	08 10
Vehicle Year	Vehicle Make	Vehicle Model		Vehicle Color		3 - Functional	
Proof of Insurance	Insurance Company	Policy Number		BL)	JE	4 - Disabling	07 06
Shown	Idress, City, State, Zip	7433381-				9 - Unknown	Rear
US DOT	lucio de la companya					Carrier Phone-	include area code
HM Placard ID N	1 - Less Than or Equal to 10k Lbs.	Cargo Body Type 01 - No Cargo Body 02 - Bus/Van (9-15	y Type/Not Applicable 09		Trafficway Descri		
	3 - More Than 26,000 Lbs.	03 - Bus (16+ Seat 04 - Vehicle Towing	ts, Inc Driver) 11	- Cargo Tank - Flat Bed - Dump	2 - Two-V 3 - Two-V	Vay, Divided, Unprote	ntinuous Left Turn Lane ected(Painted or Grass >4 Ft.) Med
HM Class Number	Hazardous Material Released	05 - Logging 06 - Intermodal Cor 07 - Cargo Van/Enc	ntainer Chassis 14	 Concrete Mixer Auto Transporter Garbage/Refuse 	4 - IW0-V	/ay, Divided, Positive /ay Trafficway	Median Barrier
	cation Prior to Impact Type of Use	08 - Grain, Chips, G Unit Type	ravel 99	- Other/Unknown	☐ Hit / Skip Uni	t	
02 -	Intersection - Marked Crosswalk Intersection - No Crosswalk Intersection - Other	Passenger Vehi 01 - Sub-Com 02 - Compact		13 - Single Unit	s <mark>or Combo Units</mark> > :Truck or Van 2axle		Limo (9 or More Including Driver) S/Van (9-15 Seats, Inc Driver)
05 -	Midblock - Marked Crosswalk Travel Lane - Other Location Bicycle Lane 1 - Personal 2 - Commercial	99 - Unknown 03 - Mid Size or Hit / Skip 04 - Full Size	2	14 - Single Unit 15 - Single Unit 16 - Truck/Tract	Truck; 3+ axles Truck / Trailer		S (16+ Seats, Inc Driver)
07 - 08 -	Shoulder/Roadside Sidewalk	05 - Minivan 06 - Sport Ut 07 - Pickup	ility Vehicle	17 - Tractor/Sen 18 - Tractor/Dou	ni-Trailer ıble	24 - Ani	imal with Rider imal with Buggy, Wagon, Surre ycle/Pedacyclist
10 -	Median/Crossing Island Driveway Access Shared-Use Path or Trail In Emergency Response	08 - Van 09 - Motorcyd		19 - Tractor/Trip 20 - Other Med/		26 - Pec	estrian/Skater er Non-Motorist
12 - 99 -	Non-Trafficway Area Other/Unknown	10 - Motorize 11 - Snowmob 12 - Other Pas	oile/ATV	☐ Has H	M Placard		
	02 - Taxi 10 - Fire	17 - Farm Vehicle	Most Damaged	Area 01 - None	08 - Left Side	99 - Unknow	Action
	05 - Bus - Transit 13 - Police	enance 19 - Motorhome 20 - Golf Cart 21 - Train	1 121 1	02 - Center Front 03 - Right Front 04 - Right Side	09 - Left Front 10 - Top and Wind	dows	1 - Non-Contact 2 - Non-Collision 3 - Striking
C	06 - Bus - Charter 14 - Public Utility 17 - Bus - Shuttle 15 - Other Governm	22 - Other (Explain in Narr ent	rative)	05 - Right Rear 05 - Rear Center	11 - Undercarriag 12 - Load/Trailer 13 - Total(All Areas		4 - Struck 5 - Striking/Stru
Pre-Crash Actions	8 - Bus - Other 16 - Construction E	quip.		07 - Left Rear	14 - Other	<u> </u>	9 - Unknown
ГПП	01 - Straight Ahead 07 - Making U-Turn 02 - Backing 08 - Entering Traffic			Entering or Crossing	Specified Location	21 - Other M	Ion-Motorist Action
99 - Unknown	03 - Changing Lanes 09 - Leaving Traffic L 04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing or Stopp	ane	17 - 1 18 - 1	Walking, Running, Jo Working Pushing Vehicle		ling	
Contributing Circun	06 - Making Left lurn 12 - Driverless	econo tranic	19 - 7 20 - 5	Approaching or Leav standing	ing Vehicle		
Primary	Motorist	P. ()	Non-Motor	ist		Vehicle Defects	Turn Signals
LOLA	13 - Stoppe	per Start From Parked Position	22 - None 23 - Impr 24 - Dart	oper Crossing		02 - 1 03 - 1	Head Lamps Fail Lamps
Secondary	05 - Exceeded Speed Limit 15 - Swerv	ing Vehicle in Negligent Manner ng to Avoid (Due to External Con Side/Wrong Way	25 - Lying nditions) 26 - Failu	and/or Illegally in F re to Yield Right of	Wav		Brakes Steering Fire Blowout
PO : Unknown	07 - Improper lurn 17 - Failure 08 - Left of Center 18 - Vision	to Control Obstruction	28 - Inatt	/isible (Dark Clothin entive re to Obey Traffic Si		08 - T	Vorn or Slick tires railer Equipment Defective Motor Trouble
99 - Unknown	10 - Improper Lane Change 20 - Load S	ing Defective Equipment hifting/Falling/Spilling mproper Action	/Sign 30 - Wror	als/Officer g Side of the Road		10 - 0	Disabled From Prior Accident Other Defects
Sequence of Events	3 4 5 5 6	Non-Collision Events		Non-Motorist Actio	n		
First	Most Most	01 - Overturn/Rollove 02 - Fire/Explosion 03 - Immersion	(0	quipment Failure Blown Tire, Brake Failur eparation of Units	11 - 0103	s Center Line	
Harmful Event	Harmful 99 - Unknown Event	04 - Jackknife 05 - Cargo/Equipmen	08 - R it Loss or Shift 09 - R	an Off Road Right an Off Road Left	12 - Dow	osite Direction of Tra nhill Runaway r Non-Collision	vel
14 - Pedestrian	on, Vehicle or Object Not Fixed 21 - Parked Motor Vehicle	Collision With Fixed Ob 25 - Impact Attenuate	or/Crash Cushion 33 -	Median Cable Barri	er 41 - Ot		3 - Tree
15 - Pedalcycle 16 - Railway Vehi 17 - Animal - Far	22 - Work Zone Maintenance E cle (Train, Engine) 23 - Struck by Falling, Shifting		butment 35 -	Median Guardrail B Median Concrete Ba Median Other Barris	arrier or rrier 42 - Cı	Support 49	9 - Fire Hydrant 9 - Work Zone Maintenance
18 - Animal - Dee 19 - Animal - Othe	r Motor Vehicle er 24 - Other Movable Chiert	by a 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End	37 - 38 -	Traffic Sign Post Overhead Sign Post	44 - Di 45 - Er	tch 51 mbankment 52	Equipment - Wall, Building, Tunnel - Other Fixed Object
20 - Motor Vehicl nit Speed	Posted Speed	32 - Portable Barrier	39 - 40 -	Light/Luminaries Su Utility Pole	pport 46 - Fe 47 - Ma	nce	
	01 - No Controls 02 - Stop Sign 03 - Yield Sign	07 - Railroad Crossbucks 08 - Railroad Flashers	13 - Crosswalk Li 14 - Walk/Don't \		[3] ™ [J]		Northeast 9 - Unknown Northwest
Stated Estimated	04 - Traffic Signal 05 - Traffic Flashers	09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Office	15 - Other e 16 - Not Reported er)			3 - East 7 -	Southeast Southwest
Y8304 OH1U [760	06 - School Zone	12 - Pavement Markings			-		Page of

OHIO DOPARMOR OF PUBLIC SAFETY	Local Report Number					
EDUCATION - SERVICE - PROTECTION						
Unit Number Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver) Damage Scale Damaged Area					
Owner Address: City, State, Zip (Same As Driver)	1937-7416-0555 Z					
474 FARVIEW DR. CARLISTE, C	MIO 45005 1- None 09 02 03					
Vehicle Identification Number	# Occupants 2 - Minor					
Vehicle Year Vehicle Make Vehicle Model	BN141A1X111D1991811 1011 3- Functional 08 11 10 11 04					
121010181 FORD	Vehicle Color WHITE 4- Disabling 07					
Proof of Insurance Company LLYLANT GROUP Policy Number OH 168 273	Towed By					
Carrier Name, Address, City, State, Zip	Rear Carrier Phone- include area code					
US DOT Vehicle Weight GVWR/GCWR Cargo Body Type						
HM Placard ID No. 2 - 10,001 to 26,000 Lbs () 2 - Bus/Van (9-15	dy Type/Not Applicable 09 - Pole Trafficway Description 5 Seats, Inc Driver) 10 - Cargo Tank 1 - Two-Way, Not Divided					
04 - Vehicle Towing	ats, Inc Driver) 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 11 - Flat Bed 4 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected(Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier					
HM Class Hazardous Material 06 - Intermodal Co Number Released 07 - Cargo Van/En	ontainer Chassis 14 - Auto Transporter 5 - One-Way Trafficway Iclosed Box 15 - Garbage/Refuse					
Non-Motorist Location Prior to Impact O1 - Intersection - Marked Crosswalk Passenger Veh Passenger Veh						
02 - Intersection - No Crosswalk 03 - Intersection - Other 03 - Orman	ct 21 - Bus/Van (9-15 Seats, Inc Driver)					
04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bigweld Lane - Other Location 07 - Provided Lane - Other Location 08 - Bigweld Lane - Other Location 09 - Unknown 03 - Mid Siz 2 - Commercial 07 - Hit / Skip 04 - Full Siz	22 - Bus (16+ Seats, Inc Driver) 25 - 15 - Single Unit Truck / Trailer 26 - 16 - Truck/Tractor (Robtail) 27 - Non-Motorist					
07 - Shoulder/Roadside 06 - Sport U	n 17 - Tractor/Semi-Trailer 23 - Animal with Rider Itility Vehicle 18 - Tractor/Double 24 - Animal with Buggy, Wagon, Surrey					
09 - Median/Crossing Island 10 - Driveway Access □ In Emergency 09 - Motorcy	19 - Tractor/Triples 25 - Bicycle/Pedacyclist 20 - Other Med/Heavy Vehicle 26 - Pedestrian/Skater ycle 27 - Other Non-Motorist					
11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown 11 - Snowmo	red Bicycle obile/ATV Lac LIM Diagram					
Special Function 01 - None 09 - Ambulance 17 - Farm Vehicle	Most Damaged Area Action					
03 - Rental Truck (Over 10k Lbs) 11 - Highway/Maintenance 19 - Motorhome 04 - Bus - School (Public or Private) 12 - Military 20 - Cold Cont	02 - Center Front 09 - Left Side 99 - Unknown 1 - Non-Contact 2 - Non-Collision					
05 - Bus - Transit 13 - Police 21 - Train 06 - Bus - Charter 14 - Public Utility 22 - Other (Explain in Na	Impact Area 04 - Right Side 11 - Undercarriage 3 - Striking 4 - Struck 1 - Undercarriage 4 - Struck 1 - Undercarriage 5 - Struck					
07 - Bus - Shuttle 15 - Other Government 08 - Bus - Other 16 - Construction Equip. Pre-Crash Actions	06 - Rear Center 13 - Total(All Areas) 9 - Unknown					
Motorist 01 - Straight Ahead 07 - Making U-Turn 13 - Negotiatin	Non-Motorist					
02 - Backing 08 - Entering Traffic Lane 14 - Other Mot 99 - Unknown 03 - Changing Lanes 09 - Leaving Traffic Lane						
04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing or Stopped in Traffic 06 - Making Left Turn 12 - Driverless	18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle					
Contributing Circumstances	20 - Standing					
Primary Motorist 01 - None 11 - Improper Backing	Non-Motorist 22 - None Vehicle Defects 01 - Turn Signals 02 - Head Lamps					
02 - Failure to Yield 12 - Improper Start From Parked Position 03 - Ran Red Light 13 - Stopped or Parked Illegally 04 - Ran Stop Sign 14 - Operating Vehicle in Negligent Manner	23 - Improper Crossing O3 - Tail Lamps 24 - Darting O4 - Brakes					
5econdary 05 - Exceeded Speed Limit 15 - Swerving to Avoid (Due to External Co	onditions) 26 - Failure to Yield Right of Way 06 - Tire Blowout					
07 - Improper Turn 17 - Failure to Control 08 - Left of Center 18 - Vision Obstruction 99 - Unknown 09 - Followed Too Closely/ACDA 19 - Operating Defective Equipment	27 - Not Visible (Dark Clothing) 07 - Worn or Slick tires 28 - Inattentive 08 - Trailer Equipment Defective 29 - Failure to Obey Traffic Signs 09 - Motor Trouble					
99 - Unknown 09 - Followed Too Closely/ACDA 19 - Operating Defective Equipment 10 - Improper Lane Change 20 - Load Shifting/Falling/Spilling /Passing/Off Road 21 - Other Improper Action	/Signals/Officer 10 - Disabled From Prior Accident 30 - Wrong Side of the Road 11 - Other Defects					
Sequence of Events Non-Collision Events Non-Collision Events						
1 2 0 2 3 4 5 6 01 - Overturn/Rollover 06 - Equipment Failure 10 - Cross Median 02 - Fire/Explosion (Blown Tire, Brake Failure, etc.) 11 - Cross Center Line						
First Most Harmful 99 - Unknown 04 - Jackknife 08 - Ran Off Road Right 12 - Downhill Runaway						
Collision with Person, Vehicle or Object Not Fixed Collision With Fixed Object 25 - Impact Attenuator/Crash Curbins 22 Martin O. H. D						
15 - Pedalcycle 22 - Work Zone Maintenance Equipment 27 - Bridge Overhead Structure 34 - Median Guardrail Barrier or Support 49 - Iree 48 - Iree 49 - Iree 4						
17 - Animal - Farm or Anything Set in Motion by a 29 - Bridge Rail 37 - Traffic Sign Post 44 - Ditch 51 - Wall, Building, Tunnel						
20 - Motor Vehicle in Transport 24 - Other Movable Object 31 - Guardrail End 32 - Portable Barrie	39 - Light/Luminaries Support 45 - Embankment 52 - Other Fixed Object					
Unit Speed Posted Speed Traffic Control 01 - No Controls 07 - Railroad Crossbucks	Unit Direction					
02 - Stop Sign 08 - Railroad Flashers 03 - Yield Sign 09 - Railroad Gates	14 - Walk/Don't Walk 15 - Other 3 To 1 - North 5 - Northeast 9 - Unknown 15 - Other 3 - Fast 7 - Southbest					
□ Stated 04 - Traffic Signal 10 - Construction Barrica □ Estimated 05 - Traffic Flashers 11 - Person (Flagger, Offic Construction Barrica) □ Estimated 12 - Pavement Markings	ade 16 - Not Reported 4 - West 8 - Southwest					
4SY8304_0H1U F760.08201.2/13	Page of					

1		MOTORIS	T / No	N-Mo	TORIST / (CCHEV	NIT LOCAL REPORT	Number		
		NAME: LAST, FIRST, MIDDLE			101(151 / (JCCUPA	14-	325	~ <u> - - - -</u>	
1	Address, City,	SUTHERL STATE, ZIP	AND, 7	HUMA	S, RYAN		DATE OF BIRTH	1199	3 21	GENDER F - FEMALE M - MALE
	233 INJURIES INJURIES	DICKENS C	T. LEC			036			CLUDE AREA CODE	541
		ERATOR LICENSE NUMBER		MEDICAL I	FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT	DOT COMPLIA MOTORCYCLE HELMET	SEATING PO	SITION AIR BAG US	AGE EJECTION TRAPPED
	DH-	TS405352	OL CLASS	Valid M/C End.	CONDITION ALCOHOL/DRUG SUS	PECTED ALCOHOL TEST S	STATUS ALCOHOL TEST TYP	E ALCOHOL TES	VALUE DRUG TEST	STATUS DRUG TEST TYPE
		3.03	A C	DA		CITATION NUMBER	7 lo lo	□ Di	EVICE	VER DISTRACTED BY
	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE ROBINSON TATE, ZIP	- POHE	, KE	LLEY /		DATE OF BIRTH	1197	AGE	GENDER F - FEMALE
ORIST	ADDRESS, CITY, ST	TATE, ZIP LAKE FRO ED TAKEN BY EMS AGENCY					CON	TACT PHONE- INC		M - MALE
Motorist/Non-Motorist	INJURIES INJURI	ED TAKEN BY EMS AGENCY		MEDICAL F	ACILITY INJURED TAKEN TO	SAFETY EQUIPMENT	DOT COMPLIAN MOTORCYCLE		S 50 -	GE EJECTION TRAPPED
Motor	OL STATE OPER	RATOR LICENSE NUMBER	OL CLASS N	ALID G M/C	NDITION ALCOHOL/DRUG SUSPE	CTED ALCOHOL TEST ST	ALCOHOL TEST TYPE	ALCOHOL TEST	VALUE DRUG TEST S	STATUS DRUG TEST TYPE
	Offense Charged	(LOCAL CODE)	OFFENSE DES		7 1 7 7	CITATION NUMBER		HAI DEV	IDS T KCL	ER DISTRACTED BY
<u> </u>	Injuries 1 - No Injury /	INJURED TAKEN B NONE REPORTED 1 - NOT TRANS	CALLSON SERVICE CONTRACTOR	Equipment Used	99 - U _N	KNOWN SAFETY EQUIPME		Use		
132	2 - Possible 3 - Non-Incapac 4 - Incapacitati 5 - Fatal	TREATED AT	Scene 01 - 02 - 03 -	NONE USED - VEHIC SHOULDER BELT ON LAP BELT ONLY USE	У USED 06 - Сн D 07 - Во	ILD RESTRAINT SYSTEM-F ILD RESTRAINT SYSTEM- F DISTER SEAT	ORWARD FACING 10	N-MOTORIST) - None Used) - Helmet Use - Protective I	D 13 Danslisen 14	- REFLECTIVE CLOTHING - LIGHTING - OTHER
-	SEATING POSITION	9 - UNKNOWN FT SIDE (MOTORCYCLE DRIVER)		Shoulder and Lap		LMET USED		(Ersows, Knee), E10)	
ond Mizzan	02 - Front - Mi 03 - Front - Ric	DDLE 3HT SIDE EFT SIDE (MOTORCYCLE PASSENGER)	08 - Third 09 - Third 10 - Sleep	- RIGHT SIDE R SECTION OF CAR (1	e line)	12 - Passenger in Unit 13 - Trailing Unit 14 - Riding on Vehic 15 - Non-Motorist	NENCLOSED CARGO AREA LE EXTERIOR (NON-TRAILING I		Air Bag Usage 1 - Not Deployed 2 - Deployed Fron 3 - Deployed Side	i.
	06 - Second - R Ejection	IGHT SIDE TRAPPED	11 - Passer	NGER IN OTHER ENCLI AILING UNIT SUCH AS A P	SED CARGO ARFA	16 - OTHER 99 - UNKNOWN			4 - DEPLOYED BOTH 5 - NOT APPLICABLE 9 - DEPLOYMENT UN	KNOWN
	1 - NOT EJECTED 2 - TOTALLY EJECT 3 - PARTIALLY EJE 4 - NOT APPLICABL	CTED MECHANICAL MEANS E 3 - EXTRICATED BY	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR	CLASS (Onto is "D")	1 - Apparently Normal 2 - Physical Impairment 3 - Emottonal (Depressed 4 - Illness	ANGRY, DISTURBED)	5 - Fell Asleep, Faintel 6 - Under The Influence Medications, Drugs,	, FATIGUED OF	ALCOHOL/DRUG SUSPE 1 - None 2 - Yes - Alcohol S 3 - Yes - HBD Not	Suspected
	Alcohol Test Statu 1 - None Given	Non-Mechanical Mea	ALCOHOL TEST TYPE 1 - NONE	DRUG TEST STATUS 1 - None Given		DRUG TEST TYPE	7 - OTHER DRIVER DISTRACTED B		4 - Yes - Daugs Su	SPECTED IND DRUGS SUSPECTED
	2 - TEST REFUSED 3 - TEST GIVEN, C 4 - TEST GIVEN, R 5 - TEST GIVEN, R	ONTAMINATED SAMPLE/UNUSABLE LESULTS KNOWN	2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	2 - Test Refusi 3 - Test Given, 4 - Test Given,	ed Contaminated Sample/Unusab Results Known	1 - None 2 - Blood LE 3 - Urine 4 - Other	1 - No Distraction 2 - Phone 3 - Texting/E-maili 4 - Electronic Com	NG A	7 - Externa	NSIDE THE VEHICLE AL DISTRACTION
U	NIT NUMBER NAM	IE: LAST, FIRST, MIDDLE		J rest given,	RESULTS UNKNOWN		5 - OTHER ELECTRON (NAVIGATION DEVICE) DATE OF BIRTH	IC DEVICE		ENDER
Оссирант	DDRESS, CITY, STATE	, ZIP					CONTACT	PHONE- INCLUD	E AREA CODE	F - FEMALE M - MALE
_	JURIES INJURED T	AKEN BY EMS AGENCY		MEDICAL FACIL	ITY INJURED TAKEN TO	SAFETY EQUIPMENT USE			N AIR BAG USAGE	-
U	NIT NUMBER NAME	E: LAST, FIRST, MIDDLE					MOTORCYCLE HELMET		AIR BAG USAGE	EJECTION TRAPPED
L	DDRESS, CITY, STATE,	Zıp					DATE OF BIRTH			F - FEMALE M - MALE
OCCUPANT	URIES INJURED T	AKEN BY EMS AGENCY		MENCH From				PHONE- INCLUDE	AREA CODE	
				WEDICAL FACILI	TY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT S MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION TRAPPED
HS	Y8306 OH1M (R	EV 01/12)								PAGE OF

MOTORIST / NON-MOTORIST / OCCUPANT LOCAL REPORT NUMBER 14-225					
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	UU DEPILIIII				
DBI CLEVENGER, WILLIAM, H.	DATE OF BIRTH AGE GENDER F - FEMALE M - MALE				
# 474 FARVIEW DR. CAPLISLE DHID 45005	CONTACT PHONE-INCLUDE AREA CODE 937-740-0555				
Injuries Injured Taken By EMS Agency Medical Facility Injured Taken To SAFETY Equipment U					
OL STATE OPERATOR LICENSE NUMBER OL CLASS NO M/C CONDITION ALCOHOL/DRUG SUSPECTED ALCOHOL TEST STA	HELMET OIL TUS ALCOHOL TEST TYPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE				
OFFENSE CHARGED (Local Code) OFFENSE CHARGED (Local Code) OFFENSE DESCRIPTION OFFENSE DESCRIPTION OFFENSE DESCRIPTION OFFENSE DESCRIPTION					
	HANDS-FREE DRIVER DISTRACTED BY DEVICE USED				
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER F - FEMALE				
Address, City, State, Zip	CONTACT PHONE- INCLUDE AREA CODE				
INJURIES INJURIED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT US	DUI COMPLIANT SEATING SATION AIR DAG USAGE EJECTION RAPPED				
OL STATE OPERATOR LICENSE NUMBER OL CLASS No. CONDITION ALCOHOL/Deug Suspected Alcohol/Deu	JS ALCOHOL TEST TYPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE				
OFFENSE CHARGED (Local Code)	PROGREST STATUS DRUG TEST TYPE				
CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY Device Used				
INJURIES INJURED TAKEN BY SAFETY EQUIPMENT USED 99 - UNKNOWN SAFETY EQUIPMENT 1 - NO INJURY / NONE REPORTED I - NOT TRANSPORTED / MOTORIST 2 - POSSIBLE TREATED AT SCENE 01 - NONE USED - VEHICLE OCCUPANT 05 - CHILD RESTRAINT SYSTEM FOR	Non-Motorist				
3 - Non-Incaracitating 2 - EMS 02 - None Useb - Vehicle Occupant 05 - Child Restraint System-For 04 - Incarcitating 05 - Child Restraint System-For 07 - Booster Seat 07 - Booster Seat 07 - Booster Seat 07 - Booster Seat 04 - Shoulder and Lap Belt Useb 08 - Helmet Useb 08	WARD FACING 09 - None Used 12 - REFLECTIVE CLOTHING AR FACING 10 - HELMET USED 13 - LIGHTING 11 - PROTECTIVE PAGE USED 14 - OTHER (ELGOWS, KINES, ETG) 14 - OTHER				
, SEATING POSITION	Air Bac Usace				
02 - FRONT - MIDDLE	NCLOSED CARGO AREA 1 - NOT DEPLOYED 2 - DEPLOYED FRONT EXTERIOR (Non-Trailing Unit) 3 - DEPLOYED SIDE				
06 - SECOND - RIGHT SIDE 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA 16 - OTHER (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 99 - UNKNOWN EJECTION TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN				
1 NOT ELECTED 1 - NOT TRAPPED 1 - CLASS A 1 - APPARENTLY NORMAL 5 - TOTALLY ELECTED 2 - EXTRICATED BY 2 - CLASS B 2 - PHYSICAL IMPAIRMENT 5	ALCOMOL/DRUG SUSPECTED FELL ASLEEP, FAINTED, FATIGUED 1 - NONE UNDER THE INFLUENCE OF 2 - YES - ALCOHOL SUSPECTED				
4 - NOT APPLICABLE 3 - EXTRICATED BY NON-MECHANICAL MEANS 4 - REGULAR CLASS (OHIO IS "D") 4 - ILLNESS 7 - ALEDHOL TEST STATE	MEDICATIONS, DRUGS, ALCOHOL OTHER 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED				
1 None Given 1 None 1 None 1 None 2 - Test Refused 2 - Blood 2 - Test Refused 3 Refuse	DRIVER DISTRACTION REPORTED 6 - OTHER INSIDE THE VEHICLE 2 - PHONE 7 - EXTERNAL DISTRACTION				
4 - Test Given, Contaminated Sample/Unusable 3 - Urine 3 - Test Given, Results Known 4 - Breath 4 - Test Given, Results Unknown 5 - Other 5 - Test Given, Results Unknown 5 - Other 5 - Test Given, Results Unknown	3 - TEXTING/E-MALING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE				
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	(Navigation Device, Radio, DVD) Date of Birth AGE GENDER F - Female				
Address, City, State, Zip	CONTACT PHONE- INCLUDE AREA CODE				
Injuries Injured Taken By EMS Agency Medical Facility Injured Taken To Safety Equipment Used	DOT COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED				
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	MOTORCYCLE HELMET				
	AGE GENDER F - FEMALE M - MALE				
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE				
INJURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED	DOT COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED				
HSY8306 OH1M (Rev 01/12)	HELMET PAGE OF				